October 1, 2012

TO: Each Supervisor

FROM: Mitchell H. Katz, MD
              Director

SUBJECT: **ELECTRONIC HEALTH RECORD**

The Department of Health Services (DHS) continues to proactively move forward with procurement and implementation planning for our Electronic Health Record (EHR), a critical component of the system-wide transformation necessary to provide high-quality, cost-effective care for patients under healthcare reform. We plan to present a recommended EHR vendor and financing plan to the Board on November 20, 2012; with a briefing for health, budget and information technology (IT) deputies in early November.

In the meantime, I wanted to let you know that recently we took another important step toward implementing EHR. Based on a collaborative assessment conducted by the Chief Information Officers (CIOs), Chief Medical Information Officers (CMIOs), and members of the EHR core team, we have determined a sequence for implementing the EHR across DHS.

Planned Order of Implementation

The current IT infrastructure involves six separate Affinity "instances," including four IT facilities with both ambulatory and inpatient data (Olive View-UCLA Medical Center, LAC+USC Medical Center, Harbor-UCLA Medical Center, and Rancho Los Amigos National Rehabilitation Center), and two IT facilities with ambulatory data only (High Desert Multi-Service Ambulatory Care Center, Martin Luther King, Jr. Multi-Service Ambulatory Care Center). DHS' Comprehensive Health Centers (CHCs) and Health Centers (HCs) are included in clusters within each of the six IT centers. Once EHR implementation is complete, DHS data will no longer be divided into six areas, but will be integrated into one enterprise-wide solution.

The planned order of implementation is as follows.

Order	Inpatient & Ambulatory	Ambulatory Only
1	Harbor-UCLA	MLK MACC
2	LAC+USC	High Desert MACC
3	Rancho Los Amigos	
4	Olive View-UCLA	

In determining this order, the team evaluated how implementation teams could work most efficiently and "in sync" based on the size, nature (inpatient/ambulatory) and number of clinics associated with the various facilities. They also took into account capital projects and moves to new facilities taking place in some areas.

We expect implementation to begin at the first facilities in July 2014 and end at the final facilities by January 2017. While we have defined an order of implementation for planning and scheduling purposes, we realize that new information or events may require a revision of the planned order once the implementation has begun (e.g., there is a delay in infrastructure improvement, an inpatient or outpatient implementation takes much longer than anticipated).

To prepare each cluster for EHR implementation, a master patient index (MPI) team will need to first establish patient identification and registration enhancements so that new patients can be assigned new medical record numbers (which will be uniform across all DHS facilities) and existing patients can be identified and matched to new identifiers. This team will be separate from the inpatient and outpatient implementation teams, and this work will be done prior to those teams beginning work.

There will be separate ambulatory and inpatient implementation teams. If work at either the inpatient or ambulatory patient care location(s) served by the IT facility is brought up faster than the other, the associated implementation team may move on to the next IT facility and associated patient care location(s). Thus, we anticipate that inpatient and outpatient work at Harbor-UCLA will begin simultaneously and, assuming the ambulatory work is completed on schedule, the ambulatory team would next move to MLK MACC while the inpatient work at Harbor-UCLA is completed. Our best estimate is that both teams would then move together to LAC+USC and the associated ambulatory clinics and facilities. Again, if the ambulatory work associated with the LAC+USC cluster is completed on time, it is likely the ambulatory team would move to High Desert MACC while the inpatient work at LAC+USC is completed. Thus, under this likely scenario, both "order 1" facilities would be completed, then both "order 2" facilities would be completed, followed by order 3 and 4.

Thank you for your continued support for the Department's transformation efforts. If you have any questions about EHR, please contact me or Kevin Lynch, DHS CIO, at 213-240-8128.

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c: Chief Executive Office
      County Counsel
      Executive Office, Board of Supervisors
      Chief Information Officer